



## APPLICATION FOR GENERAL HAULER PERMIT

<b>1. Application Type</b> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	<b>2. Type(s) of solid waste hauled (check all that apply):</b> <input type="checkbox"/> Garbage <input type="checkbox"/> Trash <input type="checkbox"/> C&D <input type="checkbox"/> Recyclables
<b>3. Name of Applicant/Business Name:</b> _____ _____ <b>E-mail Address:</b> _____	<b>4. Contact Person/Mailing Address:</b> _____ _____ _____ Zip _____
<b>5. Business Phone:</b> _____ <b>Business Fax:</b> _____	<b>6. Miami-Dade County Occupational License #</b> _____ <b>Expiration Date:</b> _____
<b>7. Type of Business:</b> <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): _____	
<b>8. If partnership or corporation:</b> List principal officers, stockholders and other persons having financial or controlling interest. <i>If a publicly owned corporation having more than 25 stockholders, provide only the names and business addresses of the local managing officers.</i>  Name: _____ Position: _____ Name: _____ Position: _____ Name: _____ Position: _____ Name: _____ Position: _____	
<b>9. Provide fingerprints for <u>all</u> persons listed in Section 8.</b>	
<b>10. If the applicant has operated any of the following under a franchise, permit or license, check and complete the information for all that apply.</b>  <input type="checkbox"/> Solid waste collection and/or removal business    State _____ Permit/License _____ If revoked, date _____  <input type="checkbox"/> Waste tire transport business    State _____ Permit/License _____ If revoked, date _____  <input type="checkbox"/> Tire business    State _____ Permit/License _____ If revoked, date _____	

**11.** Enclose proof of incorporation for State of Florida. If foreign corporation, provide information certifying that the applicant is qualified to do business in the State of Florida.

**12.** If other than a corporation and/or operating under a fictitious name, submit information that the fictitious name is registered:

Fictitious Name: \_\_\_\_\_

**13.** A complete description of all equipment used to provide service, including vehicle year, make, model, tag number and vehicle ID#.

YEAR	MAKE	MODEL	TAG#	VEHICLE ID#

**14.** Provide a listing of the names of customers and the address of each location served (as prescribed by the Department).

**15.** Insurance carrier providing Comprehensive General Liability Insurance.

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Insurance carrier providing Vehicle Liability Insurance.

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

## GENERAL HAULER PERMIT AFFIDAVIT

**16.** THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

**16.1** In compliance with Miami-Dade County Code Chapter 15, Section 15-17, I, \_\_\_\_\_, being first duly sworn, state that I am the duly authorized representative of the establishment:

\_\_\_\_\_  
(Name of individual, Partnership, Corporation)

submitting this application, and as such, have full authority to execute this General Hauler Permit affidavit.

**16.2** The above name Affiant understands and certifies that the named establishment will comply with the following:

- A. The General Hauler Permit is for the applicant to engage in the business of solid waste and/or recyclable unincorporated area of the County.
- B. Within the service area of the Department of Solid Waste Management, the applicant understands that it is prohibited by the Code of Miami-Dade County from entering into or renewing any agreement or contract to provide waste or recycling service to any property defined in the code as *residential*.
- C. For properties in the unincorporated Miami-Dade County service area, the applicant will submit an authorization form to the Department of Solid Waste Management for approval before providing waste service, and before entering into any agreement to provide waste service.
- D. At least annually, but not more frequently than quarterly as determined by the Department of Solid Waste Management, each Permitted General Hauler will report information to the Department as stipulated by the County Code.
- E. Any change of information included in the application will be reported in writing to the Director of the Department of Solid Waste Management within thirty (30) days of change.
- F. The insurance requirements in section 13 of the application shall not be construed as imposing on Miami-Dade County or the Department of Solid Waste Management, or any official or employee of the County any liability or responsibility for injury to any person or property damaged by the permittee.
- G. The applicant will abide by all ordinances, rules and regulations stipulated in the Miami-Dade County Code and/or the Department of Solid Waste Management.
- H. Any misrepresentation of information provided in the application may cause revocation of the permit.

BY: \_\_\_\_\_  
(Signature of Affiant) (Date)

\_\_\_\_\_  
(Printed Name of Affiant) (Title of Affiant) (Name of Applicant/Business)

\_\_\_\_\_  
(Address of Applicant/Business)

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at Large

\_\_\_\_\_  
Notary Stamp

17. Provide check or money order in the amount of the total fee made payable to the Miami-Dade Department of Solid Waste Management.

Permit Application/Renewal Fee=	\$ 600.00
Vehicle Registration Fee (\$70 x _____ vehicles)	\$ _____
<b>Total Fee =</b>	<b>\$ _____</b>

**DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)**

GENERAL HAULER PERMIT PROCESSING LOG

General Hauler Permit Affidavit	_____	_____
Proof of Comprehensive General Liability Insurance	_____	_____
Proof of Vehicle Liability Insurance	_____	_____
Permit Fee Payment	_____	_____
Money order for fingerprint processing*	_____	_____
Proof of Incorporation	_____	_____
Complete set of fingerprints*	_____	_____
Complete list of customers/accounts*	_____	_____

\*Required only if information has changed, or is requested by the Department.

<b>THIS BECOMES AN OFFICIAL PERMIT WHEN SIGNED BELOW:</b>		
Permit Number: _____	Fee: \$ _____	Date: _____
Expires: _____	By: _____ (Authorized Signature)	
Total # of Decals Issued: _____	Decal # _____ to _____	